

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AMENDMENT TO APPLICATION FOR PERMIT TO CONDUCT A BOXING SHOW

NAME OF CLUB: _____

ADDRESS: _____

The above-listed boxing club (promoter) hereby files this amendment to its application, dated _____,
for a boxing show on _____, in _____, Wisconsin.

Amendments to the following information in the application are provided below:

- | | |
|--|--|
| <input type="checkbox"/> Date, time or location of show. | <input type="checkbox"/> Date, time or location of weigh-in. |
| <input type="checkbox"/> Date, time or location of pre-bout exam. | <input type="checkbox"/> Boxer information. |
| <input type="checkbox"/> Name, address and phone number of physician | <input type="checkbox"/> Boxer insurance information. |
| <input type="checkbox"/> Evacuation plan. | |

DESCRIPTION OF SPECIFIC CHANGES

(Continue on the back side, if necessary)

I state that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of the credential or other disciplinary action. I also understand that if issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Date

Signature of Corporate Officer Authorized to Sign

Print Name of Person Who Signed Above

Title

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Daytime Telephone Number